



MedicAide

An informational newsletter for Medicaid Providers

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State of Idaho

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From the Idaho Department of Health and Welfare, Division of Medicaid

October 2002

Healthy Connections Update

As the Healthy Connections program continues to grow statewide, here are some quick reminders:

- Always check Medicaid eligibility **and** Healthy Connections participation **prior** to rendering services via the Medicaid Automated Voice Information Service (MAVIS).
- Obtain necessary referrals prior to rendering services or inform the patient that the service will not be covered by Medicaid, otherwise Medicaid will not pay nor can you bill the patient.
- Referrals (or doctor's order from the HC provider) can be either written or verbal, but must be documented in the patient's permanent chart/record by both the primary care provider (PCP) and the recipient of the referral.
- Referrals should be accompanied by a referral number that you use for billing. The number goes in the referring physician number field on the claim.
- PCP referral numbers change occasionally for business reasons. You should verify the referral number each time you request a referral.
- An enrollee can change PCPs every month. Check HC participation each time you see the enrollee.
- Use of a referral number on a claim means that you have secured the referral for the dates of service you are providing the service on, and it has been documented.
- Over 40% of Medicaid recipients currently participate in Healthy Connections. This is expected to increase to around 70% within the next year.

Thanks to all our wonderful providers who help make Healthy Connections a successful program for Idaho.

HIPAA Extension Deadline

Reminder: if you are not going to be HIPAA compliant by October 16, 2002, you must file an extension with the Centers for Medicare and Medicaid Services (CMS) unless you exclusively submit claims on paper. If you use the free Idaho Medicaid software to submit claims, you must file an extension, as this software will not be HIPAA compliant in October 2002. The extension must be filed by October 15, 2002. You may file online at:

<http://www.cms.hhs.gov/hipaa/hipaa2/ASCAForm.asp>

Questions & Answers



Idaho is preparing for implementation of the Health Insurance Portability and Accountability Act (HIPAA). We will begin HIPAA implementation of the Idaho Medicaid system in October. If you submit Dental, Professional or Institutional Medicaid claims, the following provides you with some information for submitting these claims. In our next Medicaid newsletter, we will provide you with a Q&A for submitting retail pharmacy claims.

Q. How will the Department of Health and Welfare implement the HIPAA electronic standards?

A. We will be implementing the HIPAA electronic transactions and codes sets (TCS) in a series of releases.

- **Release 1 is scheduled for October 7, 2002.** We will add the capability to receive claims in the ASC 4010 (HIPAA) format as well as our current formats.
- **Release 2 is scheduled for May 2003.** We will replace the Medicaid software provided by the Department, and implement standards for Pharmacy claims.
- **Release 3 is scheduled for October 2003.** We will no longer accept electronic claims in the non-HIPAA format.

We will continue to provide you with more information on these releases through correspondence, our Medicaid newsletter, and our web site at www.idahohealth.org

Q. When can I begin to send Medicaid claims in the new HIPAA format?

A. The new format for non-pharmacy claims is called the ASC 4010. You can begin using this format as early as October 7, 2002. Before submitting any claims, you or your vendor must contact EDS (our contractor) to test your new software with the Medicaid system. If you do not test with EDS before sending a claim in the new format, your claim will be rejected. EDS will help you understand what to expect with your HIPAA transactions. If you or your vendor are ready to test your software, you may contact EDS at: 866-301-7751. This number is **ONLY** for testing your software. If you have questions pertaining to HIPAA, you may email our helpdesk at: HIPAAComm@idhw.state.id.us

Q. Can I send electronic claims in the current format after October 7, 2002, or am I required to send claims in the new HIPAA format?

A. Sending claims in the new ASC 4010 (HIPAA) format is an option at this time. You may continue to send claims in the current 3050 or NSF format. The Idaho Medicaid program will only be in the first phase of our HIPAA readiness plan and will automatically 'translate' your ASC 4010 claims back into the old format in order to process them. The remittance advice will remain the same.

Q. When is the last possible date I can submit claims in the non-HIPAA compliant electronic format (3050 or NSF)?

A. October 16, **2003**.

Q. I use the Medicaid software (ECMS-PC) I received from the Idaho Medicaid program. What do I need to do to get ready to submit claims in the HIPAA format?

A. If you use the Medicaid software, you will not be affected until May 2003. You will receive new software prior to May, 2003. The software will continue to be provided free of

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DHW Phone Numbers Addresses Web Sites

DHW Websites:

www.idahohealth.org
www2.state.id.us/dhw
[www2.state.id.us/dhw/
medicaid/providers/
pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

DHW Customer Service

(800) 378-3385
(208) 334-5795

Idaho Careline

211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review

P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675

Email:

[~medicaidfraud&sur@
idhw.state.id.us](mailto:~medicaidfraud&sur@idhw.state.id.us)
(note: begins with ~)

Internet:

[www2.state.id.us/dhw/
Medicaid/providers/
fraud.htm](http://www2.state.id.us/dhw/Medicaid/providers/fraud.htm)

Healthy Connections

Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088 (new)
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

DME Prior Authorizations

DME Specialist
DHW Bureau of Medicaid
Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit

(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG

P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy

P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

Web: [www2.state.id.us/dhw/
medicaid/providers/
pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

Qualis Health (telephonic & retrospective reviews)

10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website

[www.qualishealth.org/
idahomedicaid.htm](http://www.qualishealth.org/idahomedicaid.htm)

Transportation Prior Authorization Unit

(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

HIPAA Questions & Answers

Continued from page 2

charge and training will be available. Regardless of the software you use, if you are **not** HIPAA compliant by October 16, 2002, you must file for an extension by October 15, 2002.

Q. I understand that many of the codes I use for billing will be changing. How will I know what codes to use?

A. Some codes have already changed and more will be eliminated October 7, 2002. The best way to keep track of code changes is to check your Idaho Medicaid newsletter. All the codes you should be using are found in the HCPCS and CPT procedure books. You should use codes from these books according to the procedure performed.

Q. What will happen to my claim if I use a discontinued code after October 16, 2003?

A. Your claim will be denied if you do not use the appropriate code. We will continue to keep you apprised of information on submitting claims in our future issues of our Medicaid newsletter.

Q. How do I submit paper claims in the ASC 4010 format?

A. Paper claims are **not** changing because there is no paper version of the ASC 4010 electronic format. You will continue to use the standard claim forms to submit paper claims. If you bill on paper, continue to use the current guidelines outlined in your provider handbook.

Q. Where can I get additional information on HIPAA and electronic claims submission?

A. If providers have additional questions, they can e-mail our helpdesk at: HIPAAComm@idhw.state.id.us.

Well Child Visits

As of March 2002, when billing for a Well Child visit and immunizations on the same date of service, always bill the office visit with a modifier 25. If the modifier is not used, the immunizations will be denied as included in the office visit.

RA Mailing Address

EDS is only authorized to mail Remittance Advices to the business mailing address of the provider specified in the provider's Medicaid enrollment application. EDS is unable to honor special requests for the distribution of remittance advices.

October 14th Office Closure

The Department of Health and Welfare and EDS offices will be closed for **Columbus Day, October 14, 2002.**

A reminder that MAVIS, the Medicaid Automated Voice Information Service, is available on State holidays at:

1-800-685-3757 (toll free)

1-208-383-4310 (Boise local)

Pharmacy Billing

Effective October 1, 2002, all prescriptions for oral "Triptans", indicated for the acute treatment of migraine, will be limited to eighteen (18) tablets **per month**. These include, but are not limited to, Axert, Frova, Amerge, Imitrex, Maxalt, and Zomig. This change applies to both the plain oral tablets and the orally disintegrating tablets. Imitrex injection will be limited to four (4) of the 6 mg dosages **per month**, and Imitrex nasal spray will be limited to six (6) units **per month**.

Quantities which are above the allowed limit must be requested using the Quantity Limit Override Form available online or from the Medicaid Pharmacy Unit. Providers are reminded that a pattern of dispensing multiple prescriptions for the same medication during one calendar month may trigger an audit and potentially be cause for recoupment of paid claims. Providers are reminded that changes in the Medicaid pharmacy reimbursement program will be communicated via the *MedicAide* monthly publication and information releases sent to all providers. The publication is also available for review on the Medicaid Web Site at <http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm>

New Red Pharmacy Claim Form

In order to improve the scanning of paper pharmacy claims, a new red form is being distributed to pharmacy providers. The images on the new form are cleaner and the information entered is easier to read. When completing the new paper form, use black ink and a 10 point Courier font. Handwritten claims should be avoided since they do not scan well. As paper claims are received, a supply of the new red form will be sent to the submitter by return mail.

Pharmacy providers should consider submitting as many claims as possible electronically since very few claims require paper attachments.

Advantages of the Online Provider Handbook

For providers who have Internet access there are several advantages to retrieving the Idaho Medicaid Provider Handbook from the State Internet site. These include:

- Anyone at a service location with access to the Internet can access the provider handbook and work directly from the online version or download it to their own computer.
- In offices with limited access to the Internet, a user can download the handbook and then share it with other users either through a LAN or by copying it to diskette.
- Providers can print as many paper copies as they want and distribute them to everyone who needs a copy. In addition, the user only needs to print those pages that are needed.
- The online handbook is searchable. If the user wants information on a specific code, he or she can do a word search and go directly to every reference in the handbook.
- The online version is always up-to-date.
- Users can copy information from the online handbook and paste it into other documents such as office guidelines.
- Providers who want to read about a different provider type can go to the Internet and either copy just the paragraphs they need or download the entire file.

The Provider Handbooks are available at: IdahoHealth.org. Select the Medicaid link, Information for Providers, Idaho Medicaid Provider Handbook. (This page also has information on downloading Acrobat Reader and printing instructions.)

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS Correspondence

PO Box 23
Boise, ID 83707

Provider Enrollment

P.O. Box 23
Boise, Idaho 83707

Medicaid Claims

PO Box 23
Boise, ID 83707

PCS & ResHab Claims

PO Box 83755
Boise, ID 83707

EDS Provider Fax (208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

**EDS Phone Numbers
Addresses**

**Provider Relations
Consultants**

Region 1

Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814
prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2

JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501
joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3

Mary Jeffries
3402 Franklin
Caldwell, ID 83605
mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4

Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704
jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5

Penny Schell
2241 Overland Avenue
Burley ID 83318
penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6

Sheila Lux
1070 Hilina Road
Pocatello, ID 83201
sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7

Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402
bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

MEDICAID INFORMATION RELEASE #MA02-29

TO: ALL PHYSICIANS

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: REIMBURSEMENT FOR ABORTIONS

A recent court ruling that has interpreted an amendment to statute has changed the requirements for state-funded abortions. For abortions **performed with dates of service on or after July 1, 2002**, the following rules apply:

- The state will no longer reimburse for abortions performed solely to save the **health** of the woman.
- Medicaid will pay for an abortion only under the following circumstances:
 - When a physician certifies in writing that, on the basis of his/her professional judgment, an abortion is necessary to save the **life** of the woman. The physician's certification must contain the name and address of the woman.
 - When the pregnancy is the result of rape or incest, and
 - If rape or incest is determined by a court of law, a copy of the court determination of rape or incest is submitted with the request for payment; or
 - If no court determination has been made,
 - Documentation is provided that the rape or incest was reported to a law enforcement agency, or
 - Certification in writing by a licensed physician is provided that, in the physician's professional opinion, the woman was unable, for reasons related to her health, to report the rape or incest to a law enforcement agency. The certification must include the name and address of the woman; or
 - Documentation is provided that the woman was under the age of eighteen (18) at the time of sexual intercourse.

These documentation requirements can also be found in IDAPA 16.03.09.095. If you have any questions, please contact Elvi Antonsson at (208) 334-5795, ext. 17.

Your participation in the Medicaid program is appreciated.

PS/ea

Information about Information Releases

To obtain a copy of a current information release, please check the DHW website at www2.state.id.us/dhw and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call 1-208-334-5795 and press **ext 10**.

MEDICAID INFORMATION RELEASE #MA02-30

TO: DURABLE MEDICAL EQUIPMENT (DME) PROVIDERS
FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid
SUBJECT: CORRECTION TO JULY DME INFORMATION RELEASE #MA02-20

- At this time, Idaho Medicaid follows the 2001 DMERC guidelines and not the current 2002 DMERC guidelines. We incorrectly stated that we followed the 2002 guidelines for CPAP supplies.
- The codes for supply kits were listed incorrectly in the July newsletter. The correct codes for feeding supply kits are: B4034 (syringe fed), B4035 (pump fed), and B4036 (gravity fed).
- For continuous rental (oxygen) claims, please bill with the RR modifier. All claims submitted after September 6, 2002, without the RR modifier will be denied. We have corrected our system to allow correct payment with the RR modifier.

Procedure codes that require the RR modifier:

Oxygen Supplies/Equipment	Equipment
E0424, E0431, E0434	E0450 volume ventilator
E0439, E0441, E0442	E0460 negative pressure ventilator
E0443, D0444, E1390	E0500 IPPB machine
E1405, E1406	

Additional Information: When submitting a request for a renewal or continuation of a previous authorization, please submit a new request form with the current information. The fax number for the DME unit is: (800) 352-6044.

We apologize for any inconvenience this may have caused.

Questions regarding this information may be directed to Colleen Osborn at (208) 334-5795, ext. 16. Thank you for your continued participation in the Idaho Medicaid program.

PS/co

Information about Information Releases

To obtain a copy of a current information release, please check the DHW website at www2.state.id.us/dhw and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call 1-208-334-5795 and press **ext 10**.

TO: PHARMACY PROVIDERS
DURABLE MEDICAL EQUIPMENT (DME) PROVIDERS

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: SPACERS, NUTRITIONAL PRODUCTS, DIABETIC TEST STRIPS

We would like to clarify our DME program guidelines regarding spacers, nutritional products, and diabetic test strips. The items mentioned below do not require prior authorization.

Spacers: A separate invoice is no longer required when billing for spacers. Spacers should be billed with the following HCPCS codes effective 6/1/2002. Please note that HCPCS code *A4627* is no longer valid with Medicaid as of 6/1/2002.

S8100 Holding chamber or spacer for use with an inhaler or nebulizer, without mask.
Reimbursement is \$12.30.

S8101 Holding chamber or spacer for use with an inhaler or nebulizer, with mask.
Reimbursement is \$19.00.

Diabetic Test Strips: Please bill under HCPCS A4253, regardless of brand. One unit equals 50 strips. The physician must indicate the frequency of testing in order to determine the number of strips medically necessary per month.

Home Blood Glucose Monitors: We will purchase one monitor, HCPCS E0607, once every five years and then only if the old monitor is no longer functional. Desire of the client to upgrade to a newer monitor does not meet medical necessity criteria. Medicaid rules state we will reimburse for the least costly means of meeting the medical needs of the client.

Nutritional Supplements: In addition to the physician's prescription, the quantity and a nutritional plan are required. Medicaid is in alignment with Medicare codes and uses HCPCS B4150 - B4156 for nutritional products. The nutritional plan must be kept in the provider's records for a period of five years. Effective October 7, 2002, HIPAA will require that records be kept for a period of six years. Our rules will be updated to reflect this change.

The nutritional plan must be updated annually and include the following:

- Appropriate nutritional history.
- Client's current height, weight, age, and medical diagnosis.
- For clients under the age of 21, a growth chart including height/weight percentile is required.
- Plan must include goals for either weight gain or maintenance. If the supplement is not the client's total source of nutrition, the plan must outline steps to decrease the client's dependence on supplements.
- Billing is in 100-calorie units. Figure the total calories per month and divide by 100 for the number of units to bill.
- If the product is given orally, please state so in the comments field of the HCFA 1500.

Questions regarding this information may be directed to Colleen Osborn at (208) 334-5795, ext. 16.

Thank you for your continued participation in the Idaho Medicaid program.

Information about Information Releases

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EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

E



Attention: Business Office

2-1-1
(800) 926-2588

Idaho CareLine

The Idaho CareLine recently activated a new in-state phone service using the toll-free number, 2-1-1. The service was launched in southwest Idaho in September 2002 and will be available statewide within a year.

The 2-1-1 Idaho CareLine provides free referrals to a broad range of health and human services within Idaho. Staff are available Monday through Friday, 8 a.m. to 6 p.m. (MST) except business holidays.

Their new number is not yet available in all calling areas or from phones that require the caller to dial an 8 or 9 to get an outside line. Callers may continue to use the alternate number (800) 926-2588. Help is also available in Spanish.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036
Fax: 208-364-1911